

FINGERPRINT CARD INSTRUCTIONS FOR STATE LICENSED FACILITIES

The Community Care Licensing Division recommends that fingerprints be submitted through Live Scan.

If you use Live Scan, please follow the directions on the

Request for Live Scan Service form (LIC 9163).

If you choose to submit your fingerprints on a card, please follow the card submission instructions below.

Two completed FD 258 (CCL) fingerprint cards must be submitted for each person. One card will be used for a California criminal background check and the other will be used for an FBI criminal background check. Both cards must be sent directly to the Department of Justice. Be sure to include the appropriate processing fee for both cards (see page 3 for fee schedule). Do not fold or staple either card.

To order additional cards, complete the Forms Request (LIC 183 for children's facilities or 183A for adult facilities) and fax or mail your request to the CDSS Warehouse, P.O. Box 980788, West Sacramento, CA 95798-0788. The fax number for the CDSS Warehouse is (916) 371-3518. You may also contact your licensing district office for additional fingerprint cards.

COMPLETING THE FINGERPRINT CARDS

- Use fingerprint card FD 258 only.
- To prevent delays in processing, make sure every item identified below is completed in black ink and easy to read.
- NAM: Use your full legal last, first and middle name on the card.
- ALIASES AKA - This includes maiden names
- RESIDENCE OF PERSON FINGERPRINTED: Enter your mailing address if different than your residence.
- DATE OF BIRTH DOB: Enter your birth month, day and year.
- CITIZENSHIP CTZ: Leave this box blank.
- SEX: Enter M for male or F for female.
- RACE: Leave this box blank.
- HGT: Enter your height.
- WGT: Enter your weight.
- EYES: Enter your eye color.
- HAIR: Enter your hair color.
- PLACE OF BIRTH POB: Enter the city, state and country in which you were born.
- YOUR NO. OCA: Write your facility number in this box. **Double check the number to make sure it is correct!**
- EMPLOYER AND ADDRESS: Enter both your facility name and mailing address and the following information in this box on each fingerprint card used.

CDSS-CCLD-CBCB
744 P Street, MS 19-62
Sacramento, CA 95814

- FBI NO. FBI: Leave this box blank.
- ARMED FORCES NO. MNU: Leave this box blank.
- REASON FINGERPRINTED: Write your facility type followed by your position type in this box (for example RCFE: licensee, or ARF: employee). Additionally, for child day care facility volunteers that spend more than 16 hours a week at the facility, write **"DSS day care over 6 volunteer"** in this box.
- SOCIAL SECURITY NO. SOC: Write your social security number in this box.
- MISCELLANEOUS NO. MNU: Leave this box blank.

CHILD ABUSE CENTRAL INDEX (CACI) CHECK

If you plan to provide care and supervision to children, or are working in a facility that provides care and supervision to children, a Child Abuse Central Index Check (LIC 198A) must be completed. **Use only the LIC 198A for this purpose.** All persons associated with children's facilities, that are required to submit fingerprints, must also submit a LIC 198A at the same time.

To order additional LIC 198A's, complete the Forms Request (LIC 183), and fax or mail your request to the CDSS Warehouse, P.O. Box 980788, West Sacramento, CA 95798-0788. The fax number for the CDSS Warehouse is (916) 371-3518. You may also contact your licensing district office for additional LIC 198A's. Do not photocopy the blank forms in the license application booklet.

- **Be sure that every item identified is completed in black ink and is easy to read.**
- The form must be signed and dated.
- Make sure you use your full legal last, first and middle name.
- Make a photocopy for your records.

WHERE TO SEND THE FINGERPRINT CARDS AND THE LIC 198A:

Both fingerprint cards, the Child Abuse Index Check (LIC 198A), and the fees (see page 3) must be mailed directly to the Department of Justice at the following address:

**State of California
Department of Justice
Bureau of Criminal Identification & Information
P.O. Box 903417
Sacramento, CA 94203-4170**

**DO NOT SEND ANY OTHER DOCUMENTS TO THE DEPARTMENT OF JUSTICE.
ALL OTHER DOCUMENTS RELATED TO YOUR LICENSE APPLICATION MUST BE SENT TO
YOUR LOCAL LICENSING DISTRICT OFFICE.**

DEPARTMENT OF JUSTICE FEES

FINGERPRINT PROCESSING CARD - \$76.00

The \$76.00 processing fee covers both the California and the FBI criminal background check. \$52.00 will be applied to the California check and \$24.00 will be applied to the FBI check. The fingerprint processing fee applies to license/certification applicants, staff, and volunteers of all facility types **except** individuals employed or volunteering at the following facilities:

- | | |
|-------------------------------------|---|
| * Small Family Home | * Family Child Care Homes |
| * Foster Family Homes | * Foster Family Agency Certified Family Homes |
| * Temporary Shelter Care Facilities | * Group Homes with six or less children |
- * Volunteers that spend more than 16 hours per week at a Child Day Care Facility are also exempt from the processing fee. (Volunteers spending fewer than 16 hours per week at the child day care facility do not have to be printed.).

The fee must be submitted to the Department of Justice with the fingerprints.

CHILD ABUSE CENTRAL INDEX (CACI) CHECK (LIC 198A) - \$15.00

There is a \$15.00 processing fee for each LIC 198A submitted. This fee applies to **ALL** employees/volunteers required to have a CACI clearance. Persons exempt from the California and the FBI fees are **not** exempt from the CACI fee.

**The processing fees may be combined on one check or money order
payable to the Department of Justice.**

FD-258 (CCL) FINGERPRINT CARD

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED ✓		ALIASES <u>AKA</u> ✓		O R I CA0349400 BU OF ID & INFO SACRAMENTO CA						DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED ✓										PLACE OF BIRTH <u>POB</u> ✓	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u> ✓		SEX ✓	RACE ✓	HGT. ✓	WGT. ✓	EYES ✓	HAIR ✓
				YOUR NO. <u>OCA</u> ✓		LEAVE BLANK					
EMPLOYER AND ADDRESS ✓ CDSS-CCUD-CBCB 744 P Street, MS 19-62 Sacramento, CA 95814				FBI NO. <u>FBI</u> ✓		CLASS _____ REF. _____					
REASON FINGERPRINTED ✓ Facility Type: Position				ARMED FORCES NO. <u>MNU</u> ✓							
DSS day care over 6 volunteer				SOCIAL SECURITY NO. <u>SOC</u> ✓							
				MISCELLANEOUS NO. <u>MNU</u> ✓							
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			